

Title 10
MARYLAND DEPARTMENT OF HEALTH
Subtitle 34 BOARD OF PHARMACY
10.34.40 Pharmacists Prescribing Contraceptives

Board of Pharmacy Stakeholders Meeting

Thursday, July 12, 2018

8:30 AM to 10:30 AM

Roxanne Zaghab, DM

WELCOME NEW AND RENEWED STAKEHOLDERS

Deena Speights-Napata, M.A., Executive Director of the Maryland Board of Pharmacy, welcomed stakeholder and thanked them for actively participating in the process.

REVIEW OF THE MAY 12 MEETING MINUTES

There were no corrections to the meeting minutes from May 2018.

REVIEW OF THE PROCESS

Roxanne Zaghab, DM, suggested the format for discussion. Survey Monkey results of the Maryland Self-Screening Risk Assessment (SS) would be presented first. The Maryland Visit Summary and Referral Form (VSR) discussion will follow. The survey allowed stakeholders to indicate which questions to include on the SS and VSR forms. The results were categorized into three categories:

- | | |
|--------|--|
| Green | Greater than 90% of stakeholders voted to include the question. |
| Orange | More than 80% and fewer than 89% of stakeholders agreed to include the item. |
| Red | Fewer than 79% of the stakeholders voted to include the item. |

The majority of discussion time was devoted to items in the Orange category. Many items in the Orange category involved specific language changes. Agreement was not noted in the minutes. Only dissenting comments were included. Please see Tables 1 and 2 for additional information.

REPORT ON THE SURVEY RESULTS & STAKEHOLDER DISCUSSION

The results of the SS and VSR item selection was presented by Charmaine D. Rochester-Eyeguokan, PharmD, Professor at the University of Maryland School of Pharmacy. The results were provided in tabular form.

Table 1. Maryland Self Screening Risk Assessment

Items with >90% Agreement

Include	N =	Don't Include	N =	DESCRIPTION	VERBATIM COMMENTS
90.63%	29	9.00%	3	A. Pharmacist Name	None
100.00%	32	0.00%	0	B. Patient Name	None
100.00%	32	0.00%	0	C. Patient Date of Birth/Age	Do not include as it provides duplicative information as Date of birth.
90.63%	29	9.38%	3	F. Telephone	None
100.00%	32	0.00%	0	H. Do you smoke cigarettes	None
100.00%	32	0.00%	0	J. List medication allergies (bad reactions) including contraceptives or None	None
93.75%	30	6.25%	2	K. List each medication with each reaction	"Patients may have trouble distinguishing which medications could be causing which reactions; especially if they have not been consulted by a physician
96.88%	31	3.00%	1	L. Do you think you might be pregnant now?	None
100.00%	32	0.00%	0	M. When was the first day of your last menstrual period?	None
93.75%	30	6.25%	2	N. Have you had a recent change in vaginal bleeding that worries you?	"Recommend to rephrasing to "have you had a recent change in vaginal bleeding that worried you in the last 6 months." "What is a pharmacist supposed to do with a yes response to "change in vaginal bleeding that worries you; there are many changes that are not clinically worrisome, even if they may be to the patient."
90.32%	28	9.68%	3	O. Have you given birth in the past 21 days (0-21 days)?	"Combine into one question with the following question, asking how long since you've last given birth."
93.75%	30	6.25%	2	P. Have you given birth in the past 6 weeks (21-42 days)?	"Combine into one question with the previous question, asking how long since you've last given birth." "Do not keep. Seek alternate set of questions written in more consumer friendly language." Past 6 weeks does not equal 21-42 days.
96.77%	30	3.23%	1	Q. Are you currently breastfeeding an infant less than one month?	"Do not keep. Seek alternate set of questions written in more consumer friendly language." "The postpartum and breastfeeding questions essentially ask the same thing. I would remove the breastfeeding questions and only ask the postpartum questions since if someone is breastfeeding they would have to be postpartum
93.75%	30	6.25%	2	R. Are you currently breastfeeding an infant between 21-42 days?	"Past 6 weeks" does not equal 21-42 days. (iThe breastfeeding items overlap: one month is 30 days, so the person would check both items if they were in the 21-30 day range - how is that helpful" "Do not keep. Seek alternate set of questions written in more consumer friendly language."
93.75%	30	6.25%	2	S. Which birth control methods have you used in the past? Birth control pills, condom, patch, ring, injection or none?	"Add do you have a preferred method of birth control you like to use"
90.32%	28	9.68%	3	U. Have you been told by a medical professional not to take hormones?	Modify "medical professional" to healthcare professional
96.88%	31	3.13%	1	W. Do you have diabetes?	None

100.00%	31	100.00%	0	Z. When is the last time you had the kind of headache that starts with warning signs or symptoms, such as flashes of light, blind spots, or tingling in your hand or face that comes and goes completely away before the headache starts?	Modify the question but break down into two questions: Do you have headaches? If yes, are they the kind of headaches? Eliminate the question of "when" as if the answer is yes, there should be a referral to a provider it does not matter when the headaches were.
100.00%	32	0.00%	0	AA. Do you have high blood pressure (hypertension) or high cholesterol?	Keep the question, but this should be broken down into two questions, as the pharmacist will need to distinguish between the two: Do you have high blood pressure? Do you have high cholesterol?
100.00%	32	0.00%	0	BB. Have you ever had a heart attack or stroke, or been told you had any heart disease?	"Keep as is"
100.00%	32	0.00%	0	CC. Have you ever had a blood clot?	"Keep as is" "Blood clot question is open to misinterpretation - in my clinical experience, some women who see "clots" on the pad with heavy periods will answer yes to this question. You mean leg, lung, brain, etc., one presumes." "Combine blood clot questions into one" "Modify to add "in your legs, arms, or other part of your body? Some patients could confuse clotting with menstruation with blood clots."
90.63%	29	9.38%	3	DD. Have you ever been told by a medical professional that you are at risk of developing a blood clot?	Modify to add "in your legs, arms, or other part of your body? Some patients could confuse clotting with menstruation with blood clots
90.63%	29	9.38%	3	HH. Have you had bariatric surgery or stomach reduction surgery?	"With the bariatric question I would be more specific to ask about malabsorptive procedures since restrictive procedures do not have the same risk." "Keep as is"
100.00%	32	0.00%	0	II. Do you have or have you ever had breast cancer?	None
93.55%	29	6.45%	2	JJ. Have you had a heart, liver, kidney, lung or other transplant?	"Keep as is" "Add to the transplant question if they had a rejection or failure of the organ transplanted" "
93.75%	30	6.25%	2	KK. Do you have or have you every had hepatitis, liver disease, liver cancer, or gall bladder disease, or have you been told you have jaundice (yellow skin or eyes)?	"Keep as is"

93.75%	30	6.25%	2	LL. Do you have lupus, rheumatoid arthritis, or any blood disorders?	"Clarify the lupus question to ask if they are positive for antiphospholipid antibodies or don't know. Remove rheumatoid arthritis from this question. Remove any blood disorders." "I would only ask about lupus since that puts a patient into a higher risk category. RA and blood conditions/anemias do not put patients into the same risk category as Lupus." "I do not think rheumatoid arthritis needs to be included specifically as it is still ok to use hormonal contraceptives. This could be included in "other medical problems". "Do not keep, use a new question --> What other health conditions do you have? Rather than ask an individual question about every type of health condition that may affect contraception, we suggest separate questions for the major conditions, and then a more general question about what type of conditions someone has. This will allow for shortening the questionnaire, and the algorithm will allow the pharmacist to evaluate the impact of a broad array of health conditions on the prescription."
93.55%	29	6.45%	2	NN. Do you have any other medical problems or take any medications including herbs and supplements?	"We suggest breaking the remainder of the question down into two questions: "What medications do you take?" and "What herbs and supplements do you take?" The patient is more likely to answer the herbs and supplements question if it is separate." "These are 2 different questions, suggest separating. Further, are there particular supplements that would trigger concern?" "Split this into two questions (1. medication problems 2. medications including herbs and/or supplements)" "Separate question about medical problems and herbs and supplements; ask for list of herbs/supplements"
96.67%	29	3.33%	1	OO. If so, list them here	None
100.00%	27	100.00%	0	QQ. Internal Use Only: Verified DOB with valid Photo ID____ Today's BP Reading____/____mmHg (or recent BP Reading) Notes_____ Pharmacy Name_____ Pharmacy Phone____ Pharmacy Address____ Pharmacist Signature____	"Keep this section as is with the addition of "weight". Weight should be measured instead of self-reported." "Recommend requiring the internal use only section requests the blood pressure reading was in the last three months." "Internal use only" item seems to include a lot of information in one. Agree with BP reading and the pharmacy info seems necessary for recordkeeping, if not risk assessment per se." " Is pharmacist required to take patient blood pressure? If no, modify "internal use only" section." " Should the internal use section include information on insurance (prescription and/or medical)?" "
Items with 80 - 89% Agreement					
Include	N =	Don't Include	N =	DESCRIPTION	VERBATIM COMMENTS
87.50%	28	13.00%	4	G. When was the date of your last visit to a primary care or reproductive health care provider?	"Add a disclaimer after this question to recommend a well-woman exam at a minimum of every 3 years" "Keep as is."

84.38%	27	15.63%	5	I. How many cigarettes do you smoke in one day	"Recommend rephrasing "how many cigarettes do you smoke in one day?" to how many cigarettes or tobacco products are used daily?" "Rephrase to what is the average # of cigarettes you smoke in one day" "Modify, it should be a subset question as the one above and read" if yes, how frequently do you smoke, vape or juule in one day."
83.87%	26	16.13%	5	T. If so, list the date when you last took birth control pills, or used a birth control condom, patch, ring or injection?	None
86.67%	26	13.33%	4	V. If so, what was/were the reason(s) given?	"Do not keep this question. If the patient answers yes to the question above, the pharmacist should refer the patient to another health care provider, so there is no need for the pharmacist to collect this information."
80.65%	25	19.35%	6	Y. Have you been told that you have complications of diabetes (eye damage, kidney damage, nerve damage)?	"Do not keep this question. If the patient answers yes to the question above, the pharmacist should refer the patient to another health care provider, so there is no need for the pharmacist to collect this information."
87.50%	28	12.50%	4	MM. List the medications you take for seizures, tuberculosis (TB), fungal infections or HIV?	"Do not keep. It is extraneous because of the question below." "This wording presumes that most respondents will have one of these conditions. Maybe change the wording to "List -any- medications..." ""Would consider consolidation of this question and "do you take St. John's Wort into "do you have any other medical problems or take any medications or take any meds, including herbs and supplements" "I do not think that drugs for fungal infections need to be included either as they have not been found to be a significant interaction."

Items with <80% Agreement

Include	N =	Don't Include	N =	DESCRIPTION	VERBATIM COMMENTS
78.13%	25	21.88%	7	D. Weight (in lbs)	"Self reported weight is not useful to have on the form; pharmacist should take current weight at visit and calculate BMI; obesity is not a contraindication to CHC" "Do not keep. The MES for contraception does not identify weight as criteria for hormonal contraception. For LNG-EC, there must be consideration of BMI in which you must have height; would consider taking this into consideration in the algorithm." "Weight needs to be obtained at the pharmacy" "Height should be included with weight to calculate BMI"
61.29%	12	38.71%	12	E. Health Insurance	"Type of health insurance is presumably not a risk factor, but relevant to whether or not the pharmacy will get paid; reasonable to ask but is it really a part of risk assessment?" "Health insurance is not particularly helpful unless pharmacist is able to bill insurance for the service- it is better to have pharmacy staff copy/input insurance info directly from the card for accuracy." "Do not include. Pharmacists will be collecting health insurance info with name of insurance, policy number and etc on a different form."

78.13%	25	21.88%	7	X. For how long have you had diabetes?	"Do not keep this question. If the patient answers yes to the question above, the pharmacist should refer the patient to another health care provider, so there is no need for the pharmacist to collect this information."
62.50%	20	37.50%	12	EE. What is the date of your last surgery?	" Keep the question but modify it to read "Have you had surgery in the last 6 weeks that prevents you from moving?"
75.00%	24	25.00%	8	FF. Do you have plans for a surgery that will prevent you from moving?	"I am a physician and would have no idea how to answer this question on my own behalf. Surgery when, moving for how long, and what exactly is meant by moving? Give examples by way of explanation like will you be immobile ever, will you be immobilized by sleeping 4 or more hours a night." "Do not keep the question. It is extraneous. The surgeon would be evaluation a patient's medication, including birth control , and providing the patient with instructions"
56.25%	18	43.75%	14	GG. Will you be immobile (prevented from moving) for a period of four hours or more? (driving, sitting in a car, plan, bus or train)	"I am a physician and would have no idea how to answer this question on my own behalf. Surgery when, moving for how long, and what exactly is meant by moving? Give examples by way of explanation like will you be immobile ever, will you be immobilized by sleeping 4 or more hours a night." "This question is confusing" "Say how long you will be immobile for" "Do not keep the question. In practicality, women take birth control and travel on a routine basis; very unlikely to affect choice of birth control" "The question "will you be immobile" will be confusing to clients completing an initial assessment - plus it does not list out a specific time frame they should be referencing"
67.74%	21	32.36%	10	PP. Do you take St. Johns Wort?	"A separate question asks about St. John's Wort, maybe list the other herbals/supplements of concern with this question." Consider consolidation of "List the medications you take for seizures, tuberculosis (TB), fungal infections, or HIV?" and "Do you take St. Johns Wort" into "Do you have any other medical problems or take any medications, including herbs or supplements?" "Do not keep, it is extraneous; Change to what herbs and supplements do you take."

Comments in the Form of a Letter

"MDAAP and MDACOG both support the framework adopted by Oregon and would encourage the use of the Oregon form as the template from which Maryland works." " Per the MDAAP and MDACO, additional questions and screening of STI's should be included to educate adolescents and others that oral contraceptives do not prevent STI's. "Change hormonal contraception to birth control" "Keep questionnaire written on a 5th grade level" Alternative set of questions suggested to add: For the birth of the child question, we expect that the algorithm will allow the pharmacist to determine the impact of recent childbirth on the decision of which contraception to prescribe. For breast feeding, it does not matter how long the women has been breast feeding. It is the fact that she is breastfeeding that has impact on the choice of contraception. Do you have children? If yes, When was the birth of your last child?

Are you using birth control now? If yes, what kind of birth control are you using? Do you want to continue using this type of birth control? We recommend asking about current use, as consumers may ask pharmacists for a refill for a method they are currently using.

Which birth control methods have you used in the past? We suggest adding "Did you have any problems with your past birth control method? If yes, please describe"

Have you taken emergency contraception in last 5 days? If yes, what kind of emergency contraception? Add these questions. Ella can interfere with the effectiveness of certain oral contraception if taken within 5 days

Do you use condoms? Add this question. This should be separate from birth control as they are also the only method used by sexually active individuals to prevent sexually transmitted diseases. The algorithm should prompt pharmacists to encourage patients to also use condoms. In most, if not all, settings in which pharmacists work, consumers will be able to also purchase condoms. It is notable that the female condom is in the process of moving to prescription-only status in the retail sector, so pharmacists may need to prescribe female condoms.

Feedback and Notes regarding the Maryland Self Screening Risk Assessment

- **Items with >90% or more agreement (Green)**

- Item QQ: Internal Use Only....

- In addition to comments in the table, one stakeholder reiterated the idea of not using a past BP reading and stated that BP reading is still needed on the form.

- **Items with 80-89% agreement**

- Item G: When was the date of your last visit to a primary care or reproductive care provider?
 - Stakeholders suggested it should be established if the patient is accustomed to receiving healthcare. The language of that question has not been developed.
 - Item I: How many cigarettes do you smoke in one day?
 - Stakeholders suggested that this question be modified due to millennials moving away from cigarettes and using other forms of tobacco use such as Black and Mild's, vapes, and hookah. Evidence was not available in the CDC guidelines. This requires further research and discussion.
 - Item T: List the date when you last took birth control pills, or used birth control, condom, patch, ring or injection?
 - Stakeholders said this question should be kept because the consultation may be based on switching birth control methods.
 - Item V: Have you been told that you have complications of diabetes (eye damage, kidney damage, nerve damage)?
 - Stakeholders were saying if the answer to Item U is yes, then the pharmacists can save themselves time because there is nothing further they could do and just make a straight referral to a PCP.
 - Stakeholders said this was a vague question.
 - Stakeholders were saying that we want to get contraception into the hands of people it is safe for.
 - Stakeholders were saying pharmacists should not concern themselves in digging into patient's medical history.
 - Item MM: List the medications you take for seizures, TB, fungal infections, or HIV?
 - Stakeholders stated that instead asking questions specifically centered on listing HIV medications, the patient provide relevant data in the medication list section of the form. Women could feel singled out if they are HIV seropositive and that would be counterproductive.
 - Patients could list all medications on a preliminary form for the pharmacist.

- This will help the pharmacists gather accurate medications information. Some patients will not fully answer all their medical history questions thoroughly.
 - Stakeholders suggested that standard operation procedures should be fed into the algorithm.
 - How will pharmacists/pharmacies comply with HIPAA to make sure other patients/customers do not hear the interactions between the patient and pharmacist.
- **Items with >80% agreement**
 - Item D: Weight (in lbs.)
 - Stakeholders were saying that having the patient's BMI takes a calculation that pharmacists will not have the data for. A woman's weight is not useful for many kinds of contraception. Most women don't know their accurate weight or height.
 - In a conflicted opinion, a stakeholder noted that BMI should be addressed in the algorithm.
 - Four nursing organizations plus Planned Parenthood said this question should be discarded.
 - Item E: Health Insurance
 - Not relevant. Stakeholders noted that in the billing process the pharmacy will need to collect much more information. Insurers would need to see what information is needed to determine the billing. Each pharmacy has their own billing process.
 - Item X: For how long have you had diabetes?
 - Stakeholders were saying that the length of diabetes does not necessarily correlate with the complications and that diabetes has many hidden comorbidities that may not be addressed.
 - Stakeholders noted that pharmacists will likely not have a private room to conduct a thorough clinical evaluation.
 - Item EE: What is the date of your last surgery?
 - Question should be modified to ask if they have any upcoming surgeries or if they have previously had any surgeries.
 - Item FF: Do you have plans for a surgery that will prevent you from moving?
 - Stakeholders suggested this question could confuse patients.
 - Stakeholders suggested that this question be integrated into the "being immobile" question.
 - Patient literacy is important to consider in the preparation of the SS and the SVR Forms.
 - Item GG: Will you be immobile (prevented from moving) for a period of four hours or more? (driving, sitting in a car, plane, bus, or train)
 - Stakeholders suggested this question should be removed because it is predictive
 - Item PP: Do you take St. John's Wort?

- St. John's Wort does not really influence birth control. This question should be consolidated in the questions asking about medications.
- Additional comments per MDAAP/MDACOG
 - The groups suggested that the Oregon form should be used because it is easier to navigate. This suggestion will be adopted in part.
 - The groups stated that it is immoral to provide contraception with the purpose of just preventing pregnancy without educating the patient about safe sex practices.
 - The groups stated that Ella (emergency contraceptive) can interfere with certain birth control. This requires additional research in order and may be added to the form.
 - The groups stated that pharmacists should probably administer pregnancy tests during intake before prescribing contraceptives. This issue remained unresolved.
 - The groups stated that a timeline of birth control methods for the patient is not essential. It is important to understand the problems a woman had related to the birth control method. Other stakeholder concurred.
 - The groups questioned how long pharmacists should sit down with patients to consult and suggested that 30 minutes is a sufficient amount of time. Pharmacists in the room agreed.
 - The groups questioned how the pharmacists would follow-up with patients for reasons of adherence to pills, patches, and vaginal rings. Stakeholders noted that primary care providers do not provide follow up for reasons of adherence. Why would pharmacists be held to a different standard.

Feedback and Notes regarding the Maryland Visit Summary and Referral Form

Table 2. Maryland Visit Summary and Referral Form					
Items with >90% Agreement (Green)					
Include	N	Don't Include	N	DESCRIPTION	VERBATIM COMMENTS
100%	31	0.00%	0	B. Visit Date	none
96.77%	30	3.23%	1	C. Today, you were prescribed the following hormonal contraception: Contraception _____ Number of Refills _____	"Change hormonal contraception to birth control"
93.55%	29	6.45%	2	D. If you have a question, my name is _____	"I checked yes, BUT - I defer to pharmacists on this. It would be important to include the pharmacist name. However, will that individual pharmacist be responsible for the prescription, or will it be more of a "group practice" model, wherein if one pharmacist signs off on it, others could refill, answer questions, etc?" "
96.77%	30	3.23%	1	E. Please review this information with your primary care or reproductive health care provider.	"Replace this question with: Name/Address of Primary Care Practitioner or Reproductive Healthcare Practitioner (if patient has one)"
93.55%	29	6.45%	2	G. I am not able to prescribe hormonal contraception to you today, because ____Pregnancy cannot be ruled out. ____You have reported a health condition that requires further evaluation. The condition is ____ You take medication(s) or supplements that may interfere with patches or pills. ____Your blood pressure reading is higher than 140/90 units. ____/____mmHg ____Other Reasons _____	"Change all references to "hormonal contraception" to "birth control". Maryland's law is broader than hormonal contraception and "birth control" is a term more commonly used by consumers."
93.55%	29	6.45%	2	H. Pharmacy Name	"Add to the top of the form"
96.77%	30	3.23%	1	I. Pharmacy Address	"Add to the top of the form"
96.77%	30	3.23%	1	J. Pharmacy Phone	"Add to the top of the form"

96.43%	27	3.57%	1	K. Internal Use Only: Referral made to Provider: _____ Drug Prescribed _____ Sig _____ Rx# _____ (if _____ Notes _____ applicable) _____ Pharmacist Signature _____	"For the last question, we did not think it was necessary to specify the provider that the referral was made to because we may provide patients with a list of providers in the area. Could we add an option where we could check off that a list of multiple providers in the area was given to the patient" "
Items with 80 - 89% Agreement (Orange)					
Include	N =	Don't Include	N =	DESCRIPTION	VERBATIM COMMENTS
87.10%	27	12.90%	4	F. If you do not have a primary care or reproductive health care provider, I will refer you to: Provider's Name _____ Provider's Address _____ Provider's Telephone _____ Please call and schedule an appointment.	"I checked no because: 1) I'm not sure this should be obligatory on the part of the pharmacist, and 2) I lack information on how these referral providers will be identified. Will the pharmacy have an arrangement with certain provider(s)? Pharmacies associated with academic centers or hospitals may refer internally, but what about unaffiliated chain pharmacies? How would these arrangements be established? What if the individual calls the office and is told they are not taking new patients, or it's a 6 month wait, or the insurance is not accepted there? If this referral process was established by the legislation, so be it. If not, maybe an alternative would be for the pharmacist to provide a written recommendation for the person to establish care, to check w insurance company for possible locations, and to have handy a list of local clinics that provide low-cost or sliding-scale care." "For the Provider Referral, maybe have a statement that I have provided you a list of providers with their address and phone numbers for you to contact. In that way, the patient can make their own choice of providers" "Add a referral list of for patient's county so they can decide."
Comments A "Notes to the Patient" section for reinforcement of key counseling points. Also a patient signature section to state that they acknowledge that the pharmacist completed the assessment and provided a prescription and/or referred on. The pharmacist license should also appear on this list for reference. Instead of delineating the name of an individual clinician, indicate that the pharmacist has referred the patient to a list of family planning providers developed by the Department of Health." "MDAAP and MDACOG agreed that the information included in the Referral and Visit Summary Form should be included, but again would urge the use of an existing state's documents, such as Oregon, as the platform for further discussion and consideration."					

The comments below must be considered in addition to Table 2, not replacing comments collected from a broad base of stakeholders

- **Items with >90% agreement**
 - Item E: Please review this information with your primary care or reproductive health care provider?
 - The term, healthcare professional, should be used. Many agreed.
- **Items with 80-89% agreement**

- Item F: If you do not have a primary care or reproductive health care provider, I will refer you to: ...
 - Pharmacists need to know enough about their community they are serving to point patients to provide an appropriate referral.
 - This question evoked a great deal of discussion about the available resources of the BOP or DOH to provide this service. There is concern about unintentional bias by the pharmacy and accessibility for the patient.
 - a list of providers within a 5-10-mile radius?
 - some insurers won't cover all providers
 - A list of family planning providers may be available from the Department of Health?
 - It needs to be established who is doing the follow-up. The provider is the person who will do the follow up, not the pharmacist. There is no requirement for pharmacists to follow up directly with the patients.
 - Questions arose about pharmacies offering availability of more than one qualified pharmacist for contraceptive consultation. Who will the patients talk to if the qualified pharmacist is not on shift?
 - A patient a list rather than a specific direction might be helpful to provide access to immediate care. Is this "putting too much on the patient's plate" considering the difficulty getting appointments? Will a provider will be able to take in the patient?

NEXT STEPS

Item selection above and results presented in Tables 1 and 2, shape development of the Algorithm. Feedback from stakeholders has provided preliminary input into the Algorithm design. The next steps are to: 1. provide comments on the language used in the SS and VSR forms; and 2. Help refine a draft algorithm to be presented in an August stakeholder meeting.

ADJOURN

The meeting was adjourned.